

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	09/7103972	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
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6		/				
7		/				
8	/					
9		/				
10	/	2				
11		1				
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TOTAL IND.	11					
TOTAL DEP.	12					
TOTAL CLAIMS	18					

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